



Lake Region HEALTHCARE

Vision. Integrity. Award winning care.

712 South Cascade St. • Fergus Falls, MN 56537

(218) 736-8000

Consolidated Billing Request Form

Consolidated billing allows one guarantor to receive a single monthly statement that will include charges for all family members designated by the guarantor.

Guarantor

_____		_____
Last Name	First Name	Date of Birth
_____		_____
Billing Address	City, State	Zip

Family Members

_____		_____
Last Name	First Name	Date of Birth
_____		_____
Last Name	First Name	Date of Birth
_____		_____
Last Name	First Name	Date of Birth
_____		_____
Last Name	First Name	Date of Birth
_____		_____
Last Name	First Name	Date of Birth
_____		_____
Last Name	First Name	Date of Birth

GUARANTEE OF ACCOUNT (Guarantee signature required)

I/We hereby guarantee payment of all charges incurred for treatment and/or confinement of above named patient(s) in accordance with the financial arrangements of Lake Region Healthcare Corporation. I/We are aware that a .5 percent per month FINANCE CHARGE may be added to the unpaid balance if the account is not paid in full. This is equal to an ANNUAL PERCENTAGE RATE OF 6 percent. The FINANCE CHARGE will be computed on the balance after deducting all current payments.

X	X
_____	_____
<i>Signature of Guarantor</i>	<i>Date</i>

Mail back to: Lake Region Healthcare • 712 S Cascade • Fergus Falls, MN 56537

Or: Drop off with any of our Registration staff

Or: Call Patient Financial Services at 800-439-6424 8 am -4:30 pm, M-F

Or: Email us at patientservices@lhrc.org